



# Important CalPERS Changes

## **Domestic Partners**

Effective January 2005, domestic partners legally recognized by California law will be entitled to all rights, benefits and obligations previously provided only to spouses under State law.

This means in most situations, a current or former registered domestic partner of a CalPERS member would be eligible for the same benefits as a current or former spouse of a CalPERS member.

## **Need Assistance?**

The best place to go for information about CalPERS benefit and membership issues is our CalPERS On-Line Web site at ***[www.calpers.ca.gov](http://www.calpers.ca.gov)***.

You can also call the CalPERS Customer Contact Center toll free at **(888) CalPERS (225-7377)**, which is staffed weekdays, 8 a.m. to 5 p.m., to assist CalPERS members and employers.



# Request for Service Credit Cost Information Redeposit of Withdrawn Contributions

Telecommunications Device for the Deaf: (916) 326-3240 • (888) CalPERS (225-7377)

## Section 1

Please include  
your full first and  
last name followed  
by middle initial.

### Information About You

Have you requested this cost information before? ☐ No ☐ Yes, date requested \_\_\_\_\_  
Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes, retirement date is \_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name (First Name, Middle Initial, Last Name) Social Security Number

\_\_\_\_\_  
Former Name (if applicable) Current Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Daytime Phone

## Section 2

Please include the month,  
day and year for all dates  
as follows: **mm/dd/yyyy**.

### Employment Information

List all periods of employment for which you withdrew contributions.

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

## Section 3

If you are currently a  
CalPERS member, STOP.  
Sign this form and mail it  
to the CalPERS address  
listed on reverse.

### Certification

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

If you are a member  
of a retirement system  
listed on page 10 and are  
not currently a CalPERS  
member, forward this form  
to your current retirement  
system for completion of  
Sections 4, 5, and 6 before  
returning to CalPERS.

Member Name

Social Security Number

#### Section 4

#### Retirement System Certification (To be completed by member's current retirement system)

This request form is used to obtain the member and employment information required to redeposit withdrawn CalPERS contributions and establish reciprocity with the current retirement system. CalPERS must receive information on this form in order to process this request.

Retirement System

Employer

Address

City

State

ZIP

#### Section 5

#### Member Employment History

First Appointment Date (mm/dd/yyyy)

Effective Date of Membership in Your System (mm/dd/yyyy)

Current Pay rate and Time Base

Total Service Credit with Your System

Is the Member Retired/Retiring? ☐ No ☐ Yes, date of retirement

Date (mm/dd/yyyy)

Is the Service noted in Section 2 Already Credited in Your System? ☐ No ☐ Yes

Is the Employee Currently a Member of Your System? ☐ No ☐ Yes

#### Section 6

#### Statement and Signature of Retirement System Representative

**Retirement System:**  
Please return the completed form to the member.

I hereby certify that the above information is true and correct.

Your Signature

Social Security Number or Tax Identification Number of the Member

Date (mm/dd/yyyy)

Printed Name

Title

Phone

Fax

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000